

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY  
(Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER

5853-258-1CON

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PRODUCTION OF PSEUDOTYPED RECOMBINANT AAV VIRIONS

the specification of which (check only one item below):

is attached hereto.

was filed as U.S. Patent Application Serial Number \_\_\_\_\_ on \_\_\_\_\_, as amended on \_\_\_\_\_ (if applicable).

was filed as a PCT international application number \_\_\_\_\_ on \_\_\_\_\_, as amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:

## PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:

| COUNTRY<br>(If PCT Indicate PCT) | APPLICATION NUMBER | DATE OF FILING<br>(Day, Month, Year) | PRIORITY CLAIMED<br>UNDER 35 USC 119                     |
|----------------------------------|--------------------|--------------------------------------|--|
|                                  |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                  |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                  |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                  |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                  |                    |                                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |

|   |                         |   |                            |  |
|---|-------------------------|---|----------------------------|--|
| COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY<br>(Includes Reference to PCT International Applications)   |                         | ATTORNEY DOCKET NUMBER<br>5853-258-1CON                     |                            |  |
| <p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.</p> |                         |   |                            |  |
| <b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:</b>  |                         |   |                            |  |
| <b>U.S. APPLICATIONS</b>  |                         | <b>STATUS (Check One)</b>                                   |                            |  |
| U.S. APPLICATION NUMBER   | U.S. FILING DATE        | PATENTED  |                            |  |
| 10/456,423  | June 5, 2003            | <input type="checkbox"/>                                    |                            |  |
| 60/385,864  | June 5, 2002            | <input checked="" type="checkbox"/>                         |                            |  |
| <b>PCT APPLICATIONS DESIGNATING THE U.S.</b>  |                         |   |                            |  |
| PCT APPLICATION NUMBER  | PCT FILING DATE         | U.S. SERIAL NUMBERS   |                            |  |
|   |                         |   |                            |  |
|   |                         |   |                            |  |
|   |                         |   |                            |  |
| <p><b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.</p>   |                         |   |                            |  |
| Send Correspondence to:<br>Akerman Senterfitt<br>Post Office Box 3188<br>West Palm Beach, FL 33402-3188   |                         | Direct Telephone Calls to: Stanley A. Kim<br>(561) 653-5000 |                            |  |
| 201   | FULL NAME OF INVENTOR   | FAMILY NAME SNYDER  | FIRST GIVEN NAME RICHARD   | SECOND GIVEN NAME O..                        |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE  | STATE OR COUNTRY FLORIDA   | COUNTRY OF CITIZENSHIP UNITED STATES         |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 3314 NW 21 <sup>ST</sup> Avenue         | CITY GAINESVILLE           | STATE & ZIP CODE/COUNTRY FLORIDA 32605 / USA |
| 202   | FULL NAME OF INVENTOR   | FAMILY NAME ZOLOTUKHIN                                      | FIRST GIVEN NAME SERGEI    | SECOND GIVEN NAME                            |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE  | STATE OR COUNTRY FLORIDA   | COUNTRY OF CITIZENSHIP UKRAINE               |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 1122 SW 96 <sup>TH</sup> STREET         | CITY GAINESVILLE           | STATE & ZIP CODE/COUNTRY FLORIDA 32607 / USA |
| 203   | FULL NAME OF INVENTOR   | FAMILY NAME SAKAI   | FIRST GIVEN NAME YOSHIHISA | SECOND GIVEN NAME                            |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE  | STATE OR COUNTRY FLORIDA   | COUNTRY OF CITIZENSHIP JAPAN                 |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 4440 SW ARCHER ROAD, #1322              | CITY GAINESVILLE           | STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA |
| 204   | FULL NAME OF INVENTOR   | FAMILY NAME BYRNE   | FIRST GIVEN NAME BARRY     | SECOND GIVEN NAME J.                         |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE  | STATE OR COUNTRY FLORIDA   | COUNTRY OF CITIZENSHIP UNITED STATES         |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 7902 SW 45th Lane                       | CITY GAINESVILLE           | STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA |
| 205   | FULL NAME OF INVENTOR   | FAMILY NAME POTTER  | FIRST GIVEN NAME MARK      | SECOND GIVEN NAME R.                         |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE  | STATE OR COUNTRY FLORIDA   | COUNTRY OF CITIZENSHIP UNITED STATES         |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 5218 SW 70th Terrace                    | CITY GAINESVILLE           | STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA |

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|---|-------------------------|---|---------------------------|--|
| 206   | FULL NAME OF INVENTOR   | FAMILY NAME ZOLOTUKHIN                                | FIRST GIVEN NAME IRINE    | SECOND GIVEN NAME                            |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE                                      | STATE OR COUNTRY FLORIDA  | COUNTRY OF CITIZENSHIP UKRAINE               |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 1122 96 <sup>th</sup> Street      | CITY GAINESVILLE          | STATE & ZIP CODE/COUNTRY FLORIDA 32607, USA  |
| 207   | FULL NAME OF INVENTOR   | FAMILY NAME LOILER                                    | FIRST GIVEN NAME SCOTT    | SECOND GIVEN NAME                            |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE                                      | STATE OR COUNTRY FLORIDA  | COUNTRY OF CITIZENSHIP UNITED STATES         |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 8302 SW 61 <sup>st</sup> Place    | CITY GAINESVILLE          | STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA |
| 208   | FULL NAME OF INVENTOR   | FAMILY NAME CHIODO                                    | FIRST GIVEN NAME VINCE    | SECOND GIVEN NAME A.                         |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE                                      | STATE OR COUNTRY FLORIDA  | COUNTRY OF CITIZENSHIP UNITED STATES         |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 3935 NW 19 <sup>th</sup> Terrance | CITY GAINESVILLE          | STATE & ZIP CODE/COUNTRY FLORIDA 32605 / USA |
| 209   | FULL NAME OF INVENTOR   | FAMILY NAME MUZYCZKA                                  | FIRST GIVEN NAME NICHOLAS | SECOND GIVEN NAME                            |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE                                      | STATE OR COUNTRY FLORIDA  | COUNTRY OF CITIZENSHIP UNITED STATES         |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 9837 SW 67 <sup>th</sup> Drive    | CITY GAINESVILLE          | STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA |
| 210   | FULL NAME OF INVENTOR   | FAMILY NAME HAUSWIRTH                                 | FIRST GIVEN NAME WILLIAM  | SECOND GIVEN NAME                            |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE                                      | STATE OR COUNTRY FLORIDA  | COUNTRY OF CITIZENSHIP UNITED STATES         |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 12001 SW 89 <sup>th</sup> Street  | CITY GAINESVILLE          | STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA |
| 211   | FULL NAME OF INVENTOR   | FAMILY NAME FLOTTE                                    | FIRST GIVEN NAME TERENCE  | SECOND GIVEN NAME R.                         |
|   | RESIDENCE & CITIZENSHIP | CITY ALACHUA  | STATE OR COUNTRY FLORIDA  | COUNTRY OF CITIZENSHIP UNITED STATES         |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 13325 NW 112th Avenue             | CITY Alachua              | STATE & ZIP CODE/COUNTRY FLORIDA 32615 / USA |
| 212   | FULL NAME OF INVENTOR   | FAMILY NAME BURGER                                    | FIRST GIVEN NAME CORINNA  | SECOND GIVEN NAME                            |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE                                      | STATE OR COUNTRY FLORIDA  | COUNTRY OF CITIZENSHIP SPAIN                 |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 10000 SW 52 <sup>nd</sup> Avenue  | CITY GAINESVILLE          | STATE & ZIP CODE/COUNTRY FLORIDA 32608 / USA |
| 213   | FULL NAME OF INVENTOR   | FAMILY NAME RODRIGUEZ                                 | FIRST GIVEN NAME EDGARDO  | SECOND GIVEN NAME                            |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE                                      | STATE OR COUNTRY FLORIDA  | COUNTRY OF CITIZENSHIP UNITED STATES         |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 1505 FORT Clarke Blvd., #5-207    | CITY GAINESVILLE          | STATE & ZIP CODE/COUNTRY FLORIDA 32606 / USA |
| 214   | FULL NAME OF INVENTOR   | FAMILY NAME NASH                                      | FIRST GIVEN NAME KEVIN    | SECOND GIVEN NAME R.                         |
|   | RESIDENCE & CITIZENSHIP | CITY GAINESVILLE                                      | STATE OR COUNTRY FLORIDA  | COUNTRY OF CITIZENSHIP AUSTRALIA             |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS 5950 SW 20th Avenue, #77          | CITY GAINESVILLE          | STATE & ZIP CODE/COUNTRY FLORIDA 32607 / USA |

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| 215   | FULL NAME OF INVENTOR   | FAMILY NAME<br>FRAITES                 | FIRST GIVEN NAME<br>THOMAS  | SECOND GIVEN NAME<br>J.                         |
|   | RESIDENCE & CITIZENSHIP | CITY<br>GAINESVILLE                    | STATE OR COUNTRY<br>FLORIDA | COUNTRY OF CITIZENSHIP<br>UNITED STATES         |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS<br>104 Linda Court | CITY<br>NICEVILLE           | STATE & ZIP CODE/COUNTRY<br>FLORIDA 32578 / USA |
| 216   | FULL NAME OF INVENTOR   | FAMILY NAME                            | FIRST GIVEN NAME            | SECOND GIVEN NAME                               |
|   | RESIDENCE & CITIZENSHIP | CITY                                   | STATE OR COUNTRY            | COUNTRY OF CITIZENSHIP                          |
|   | POST OFFICE ADDRESS     | POST OFFICE ADDRESS                    | CITY                        | STATE & ZIP CODE/COUNTRY                        |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 |
| DATE                      | DATE                      | DATE                      |
| SIGNATURE OF INVENTOR 204 | SIGNATURE OF INVENTOR 205 | SIGNATURE OF INVENTOR 206 |
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| SIGNATURE OF INVENTOR 216 | SIGNATURE OF INVENTOR 217 | SIGNATURE OF INVENTOR 218 |
| DATE                      | DATE                      | DATE                      |